

MARICOPA COUNTY



AIR QUALITY DEPARTMENT  
1001 N Central Ave, Suite 400  
Phoenix, AZ 85004

**INVOICE FOR AIR QUALITY ANNUAL ADMINISTRATIVE FEE**

HICKMANS EGG RANCH INC  
C/O GLEN HICKMAN  
6515 S JACKRABBIT TRAIL  
BUCKEYE, AZ 85326

RECEIVED

JUL 13 2009

SOURCES:  
CREMATORY  
GENERATOR

DBA BUSINESS: HICKMANS EGG RANCH  
SITE ADDRESS: 32425 W SALOME HWY  
ARLINGTON, AZ 85343

MCAQD  
AIR QUALITY DEPARTMENT  
ADMINISTRATION

PERMIT #: 040136  
EXPIRATION DATE: 02/28/10  
FEE: 1,550.00

PHONE: (623) 872-1120

The annual fee to recover the average cost of services required to administer the permit and conduct inspections pursuant to Maricopa County Air Pollution Control Regulation II, Rule 280 for the period 02/02/09 to 02/02/10 are now due. The total fee must be received by 02/28/09.

There are civil and criminal penalties to which you may be subject to if this invoice and the indicated fee are not received by the due date. A delinquency fee of \$50 will be applied if payment is not received within 30 days of the 02/28/09 due date and increase to \$100 if payment is received more than 60 days after the due date. Delinquency fees are in addition to your annual fee of \$ 1,550.00.

**SIGN AND RETURN THIS INVOICE IN THE ATTACHED ENVELOPE WITH PAYMENT IN THE AMOUNT OF: \$1,550.00**  
Make check payable to Maricopa County Air Quality Dept. or MCAQD.

When payment is received, a receipt will be mailed to you. This permit is valid until 02/28/10 provided the facility operates in accordance with all Maricopa County Air Pollution Control Rules and Regulations.

**If mailing or business information is incorrect, please enter changes in the space allocated below. You must enter a Mailing Name if the mailing address is not the owner's address.**

If there has been an ownership change, do not pay this invoice. Call (602) 506-6464 for further instructions.

Owner Name HICKMANS EGG RANCH INC

Mailing Name 6515 S. Jackrabbit Trail

Mailing Address \_\_\_\_\_

City Buckeye State AZ Zip Code 85326

Business Name \_\_\_\_\_

Business Address \_\_\_\_\_ Business Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Company/responsible official signature is required.

Company Official Signature [Signature] Date \_\_\_\_\_

Please Print Name Glen M Hickman Phone \_\_\_\_\_

*We are NOT going to Renew*  
*A*